Revised December 1974 CALIFORNIA LIQUID W	CES CONTROL BOARD 999085192
PRODUCER OF WASTE (Must be filled by producer) STATE DEPARTMENT OF HEALTH HAULER OF WASTE (Must be filled by hauler)	
Name (print or type): KGRODY-COCYER MF-K	Name (print or type): Superior Industrial Pum ind Pl
Pick up Address: 445 N. MARTINE AVE WILMINGSON	Business Address: 2501 W. Manchester Ave. The.
Telephone Number: (Manher) (Street) (City) P.O. or Contract No.:	Telephone Number: 778 (Number)42 Pick Up: \$3.79 (City) Time:
Order Placed By: Ry Regle Date:	State Liquid Waste Hauler's Registration No. (if applicable): 483
Type of Process which Produced Wastes:	Job No.: 00680 No. of Loads or Trips: Unit No.:
(Examples: metal plating, equipment cleaning, oil drillingCode No. wastewater treatment, pickling bath, petroleum refining)	Vehicle: vacuum truck barrels, flatbed, other (specify)
DESCRIPTION OF WASTE (Must be filled by producer)	facility named below and was accepted.
Check type of wastes: 1. Acid solution 8. If Tank bottom sediment	I certify (or declare) under penalty of perjury that the foregoing is rue and correct.
2. Alkaline solution 9. 0 01 3. Pesticides 10. Drilling mad	DISPOSER OF WASTE (Must be filled by disposer)
4. [Paint sludge 11. [Contaminated soil and sand b. [] Solvent 12. [Gannery waste	Name (print or type):
6. [] Tetraethyl lead sludge 13. [] tetex waste 7. [] Chemical toilet wastes 14. [] hud and water	Site Address:
Ocher (Specify) Code No.	The haulet above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RMGCB requirements, State Department of Health regulations, and local restrictions.
Components: (Examples: Hydrochloric acid, lime, caustic soda, Concentration:	Quantity measured at site (if applicable): State fee (if anv):
phenolics, solvents (list), metals (list), Upper Lower % ppm organics (list), cyanide)	Handling Method(s):
MCD + WAFBR 92%	recovery
2. O/L TV.	treatment (specify): (fximples: incineration, neutralization, precipitation)-Code No.
4.	Code No. If waste is held for disposal elsewhere specify final location
5.	Disposal Date:
6.	I certify (or declare) under penalty of perjury that the foregoing is true
Hazardous Properties of Waste: pH	and correct. Signature of authorized agent and title
Bulk Volume: 850 Dgal tons harrels other	The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
Containers: (Number) drums Cartons bags Other	, ,
Physical State:	A081607
Special Handling Instructions (if any):	VOTON.
	カフマ
	NO STORY
The waste is described to the best of my ability and it was delivered to	. IA.:
a licensed liquid waste hauler (if applicable) I certify (or declare) under penalty of perjury that the foregoing is true	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.